Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u>'</u>	Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Chinook H S					Blaine		0029
Is this contract shar ☐ yes ☐ no	ed between el	lementary an	d high scho	ol?			
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attaction) (ISOLATION: Section	20-10-142, MCA	A, provides for)	Concor	Grade
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Blanche Kellam Physical Address (s		only):			Pre-kindergarten/Kinder		
Filysical Address (s	sireer address	Offig).			□ 1st Semester Only KINDERGARTEN/PRE		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	,			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week col-age students: days per week days per week days per week days per week
□ Contract is for o	, ,					umos per day,	days per wook
Students in Each Grade L				, ,	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	ıl to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT R trict, county and OP	
Correspondence							
Reg. Contingency					Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
		<u>-</u>					
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,
(county name)				County, hereina	fter referred to as the District(s)		
	ansport or provide				I or bus stop on the days when school is in ion for the distance reported on the contra		dian assures that a licensed and
 In March and June transported for the 	, the District shall p past semester.	pay the parent the	e sum officially a	approved in the applic	ation upon certification by the teacher or p	orincipal of the school of the nu	umber of days the student(s) was
This contract shall	terminate at the er	nd of the school y	ear or when the	student(s) is no long	142, MCA, and the information accompan er enrolled in school, whichever occurs fin		Doto
Elementary School		,	ard of Truste				Date
High School District Chinook H S		Chair, Boa	ard of Truste	:೮১			Date
	-		I attes	t that the above	information is true and correct.	- Date	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Chinook H S					Blaine		0029
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval HS District Approval	□ yes		tials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS FOR	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Gina Hoffman Physical Address (s	street address	only):			Pre-kindergarten/Kinder □ 1st Semester Only		ly Dath Samastara
ye.ea. / .aa. eee (e		oy/.			KINDERGARTEN/PRE		ly □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 23	`			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other scho	days per week days per week days per week pol-age students: days per week
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your
Regular Trans						NDENTS: Sand origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	ADENTS. Send ongine	
Room & Board						EIMBURSEMENT R trict, county and OPI	
Correspondence						,	,,
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	mined by
Spec. Ed. Contin.							
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,
insured driver will to a line March and June transported for the 3. The payment shall this contract shall	ansport or provide transport the students, the District shall past semester. be computed on the terminate at the errors.	nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) the student(s) the student same valid to be sum officially acceptable to the stabilistic or when the	o and from the school only when transportati approved in the applicated in Section 20-10-estudent(s) is no longer	fter referred to as the District(s) I or bus stop on the days when school is in the control of the distance reported on the control of the distance reported on the control of the distance of properties of the control of the distance of the control of the contr	n session. The parent or guard ct actually occurs. principal of the school of the nu ying this contract.	imber of days the student(s) was
Elementary School		,	ard of Truste				Date
High School District Chinook H S	t .	Chair, Boa	ard of Truste	ees			Date
Ciamatana Bara	0		I attes	t that the above	information is true and correct.	Deta	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	ract	County		Legal Entity
Chinook H S					Blaine		0029
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach	n explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	□ yes □	□ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Lora Lee Anders					Pre-kindergarten/Kinder		
Physical Address (st	reet address	only):			☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 0 to nearest bu	`			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School	times per day,times per day,times per day,tes without other schotimes per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	ıl to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT RA trict, county and OPI	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Agreement between	parent (parer	nt name)			, and school district (dist	rict name)	, , , , , , , , , , , , , , , , , , , ,
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide to ansport the studer the District shall p past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in the distance reported on the contration upon certification by the teacher or proceed that the distance reported on the contration upon certification by the teacher or proceed that the distance reported in school, whichever occurs fire enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. principal of the school of the nur ying this contract.	
Elementary School I	District	Chair, Boa	ard of Truste	es			Date
High School District Chinook H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	x 202501 a, MT 59620	-2501		Du	e to School	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Chinook Elem						Blaine		0028
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for i			□ No		Stud	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142. MCA	A. provides for	increased rein	nbursement	Oldo	cht Name	GCHOOL	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Stud	ent Name	School	Grade
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials		Stud	ent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian N	ame: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Susan Erskine Physical Address (str	eet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
						DERGARTEN/PREM dergarten child ride		ge students also covered
Distance from home to Elementary 13.6	o nearest sc HS 0	nool (one wa	ay)		To o	his contract: r from Bus Stop r from School	times per day, _	days per week days per week
Distance from home to Elementary 8	o nearest bu HS 0	is stop, if an	y (one way)		Kind	lergarten child ride	es without other scho	ol-age students: days per week days per week
☐ Contract is for one	e-way only				100	I IIOIII SCHOOL	times per day, _	days per week
Students in Each Grade Lev	el - Only include	the students to I	be covered by this	s contract.	Dea	adlines: ENTS: Due to Sch	nol Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						-	IMBURSEMENT RA	\TF
Correspondence						(For dist	rict, county and OPI	use only)
_ '								
Reg. Contingency						Reimbi	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parer	nt name)			, and	school district (dist	rict name)	·
(county name)			(County, hereinaf	ter referred	to as the District(s).		
The parties agree as follows 1. The parent shall tran		ransportation fo		•			session. The parent or guard	ian assures that a licensed and
In March and June, t	ne District shall p					nce reported on the contraction by the teacher or p		mber of days the student(s) was
	e computed on th					the information accompany		
Elementary School D			year or when the ard of Trustee		er enrolled in sc	hool, whichever occurs firs	t.	Date
Chinook Elem High School District		Chair Bos	ard of Trustee	29				Date
riigii ocilooi Distilct		Chail, Bu	and or Trustet					Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reinbursing the Contract Chinook Elem Balaine 0.028 Gourly Legal Entity County Legal Entity District Teach Security Legal Entity Legal Entit	Helena, MT 596	20-2501	D	Due to School	ol Clerk June 1			
Is this contract shared between elementary and high school? yes	Elementary District Responsible for	Reimbursing the Cor	ntract		County		Legal Entity	
Is this contract shared between elementary and high school? yes	Chinook Flem				Rlaine		0028	
Agreement between parent (parent name) grade Agreement between parent (parent name) Country name) Country hereinsfler referred to as the District, country and OPI use only)		nsible for Reimbursin	g the Contract					
Agreement between parent (parent name) grade Agreement between parent (parent name) Country name) Country hereinsfler referred to as the District, country and OPI use only)								
Student Name School Grade THS CONTRACT IS FOR: Grades 1-12 Ist Scomstart Only 2nd Semester Only Both Semesters Student Name School Grade THS CONTRACT IS FOR: Grades 1-12 Ist Scomstart Only 2nd Semester Only Both Semesters KINDERGATE INFERKINDERGARTEN Kindergarten Child rides with other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten Child rides with other school-age students also covered by this contract: To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from		elementary and h	igh school?					
Student Name			□ No	Stud	lent Name	School	Grade	
Student Name School Grade	(If yes, please attach explanation isoLATION: Section 20-10-142. M	on) ICA. provides for incr	reased reimbursement		ient Name	GC11001	Grade	
Check here only if increased payment due to isolation has been approved by the District finatees and the County transportation Committee. Elem District Approval yes no no	rates for special circumstances of is increased rates, individual circumsta trustees of the district, the county to	olation of residence. ances must be reviev ansportation committ	In order to receive ved and approved by the ee, and the Office of	Stud	lent Name	School	Grade	
Student Name	Check here only if increased payme	ent due to isolation ha	as been approved by the	Stud	lent Name	School	Grade	
Parent or Guardian Name: (Please Print)	Elem District Approval □ yes	Initials ☐ no					Grade	
State Stat						<u>)R:</u>		
Physical Address (street address only): Stack	Parent or Guardian Name: (Ple	ase Print)				□ 2nd Semester Only	y □ Both Semesters	
Distance from home to nearest school (one way) Elementary 10		ss only):					y Both Semesters	
County name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Chinook Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.	Distance from home to nearest school (one way) Elementary 10							
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transport or provinsured driver will transport the students of the past semester. 2. In March and June, the District shattansported for the past semester. 3. The payment shall be computed of the past semester. 4. This contract shall terminate at the Elementary School District	de transportation for the idents. Mileage contract all pay the parent the sur in the basis of the schede end of the school year	County, hereing student(s) to and from the scho is are valid only when transported in officially approved in the application of the student(s) is no lon	after referred ool or bus stop on ation for the distar lication upon certif 0-142, MCA, and t	to as the District(s). the days when school is in nce reported on the contra- fication by the teacher or p the information accompany	session. The parent or guardict actually occurs. rincipal of the school of the nun	ian assures that a licensed and mber of days the student(s) was	
		Chair, Board	of Trustees				Date	
		<u> </u>	I attest that the above	e information	is true and correct.			
	Signature - Parent or Guardian					Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501			e to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the (Contract		County		Legal Entity
Chinook Elem					Blaine		0028
High School or K-12 Di	strict Responsit	ole for Reimburs	sing the Con	tract	County		Legal Entity
Chinook H S					Blaine		0029
Is this contract share □ yes □ no	ed between el	ementary and	l high scho	ol?			
Are you applying for (If yes, please attacl	n explanation)	1	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	stances of isola lual circumstand the county trans	ation of residences must be reversely to the second	ce. In order to iewed and ap nittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Initi □ no	als		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Sandra Sorense					Pre-kindergarten/Kinder		
Physical Address (s	treet address	only):			☐ 1st Semester Only	☐ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 10				by this contract: To or from Bus Stop To or from School Kindergarten child ride	es <u>with</u> other school-a times per day, times per day, es <u>without</u> other scho	days per week days per week days per week dol-age students: days per week days per week days per week
□ Contract is for or	, ,						
Students in Each Grade Le					Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RE	EIMBURSEMENT RA	
Correspondence							
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, IVICA.	
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	,
(county name)				County, hereinaft	ter referred to as the District(s).		
	nsport or provide				or bus stop on the days when school is in		lian assures that a licensed and
	the District shall p				on for the distance reported on the contra- tion upon certification by the teacher or p		mber of days the student(s) was
The payment shall	be computed on the	ne basis of the sch	edule establisher or when the	ned in Section 20-10-1 student(s) is no longe	42, MCA, and the information accompany er enrolled in school, whichever occurs firs	ring this contract.	
Elementary School I Chinook Elem		Chair, Boar					Date
High School District Chinook H S		Chair, Boar	d of Truste	es			Date
			I attes	t that the above i	nformation is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Cont	tract	County		Legal Entity
Harlem H S					Blaine		0031
Is this contract shar	red between e	lementary an	d high scho	ol?	<u> </u>		
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attact ISOLATION: Section	20-10-142, MC/	A, provides for			oludoni Namo	Concor	Sidds
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be resportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Check here only if inconstrict Trustees and t		sportation Com	mittee.	proved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Jill Bold Physical Address (s	street address	only):			Pre-kindergarten/Kinder		y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for one Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest but HS 0 ene-way only evel - Only include Pre-K Total	the students to b	y (one way) De covered by th 1-8 Total	9-12 Total	KINDERGARTEN/PRE Kindergarten child rid by this contract: To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RI (For dis	kindergarten: es with other school- times per day, toool Clerk June 1. al to County Supt by Jul NDENTS: Send origina EIMBURSEMENT R. trict, county and OPI oursement rate is deterr 20-10-142, MCA.	days per week
insured driver will In March and June transported for the The payment shal This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) tracts are valid de sum officially a	o and from the school only when transportatic approved in the applicated and in Section 20-10-1 student(s) is no longe	, and school district (dis- ter referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contra- tion upon certification by the teacher or particularly. MCA, and the information accompan- or enrolled in school, whichever occurs fire	n session. The parent or guard actually occurs. or incipal of the school of the nu ying this contract.	mber of days the student(s) was
Elementary School		,	ard of Truste				Date
High School Distric Harlem H S	t	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	nformation is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Harlem H S					Blaine		0031
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?			
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan- the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and ap nmittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Lori Moore Physical Address (s	troot addraga	only):			Pre-kindergarten/Kinde		
Physical Address (s	ireet address	orily).			1st Semester OnlyKINDERGARTEN/PRE		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans	HS 57 e to nearest be HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files.	times per day, times	days per week days per week days per week ool-age students: days per week
Room & Board						EIMBURSEMENT R. trict, county and OPI	
Correspondence					(1 0. 0.0	,	,,
Reg. Contingency					Reimb	oursement rate is deterr 20-10-142, MCA.	mined by
Spec. Ed. Contin.							
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide ransport the stude , the District shall past semester. be computed on t	transportation fo nts. Mileage cor pay the parent the	r the student(s) t htracts are valid of e sum officially a chedule establisl	o and from the school only when transportation approved in the applicated in Section 20-10-1	, and school district (dister referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or 42, MCA, and the information accomparer enrolled in school, whichever occurs fire	n session. The parent or guard act actually occurs. principal of the school of the nu	
Elementary School			ard of Truste		,		Date
High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ro	^ +	-

	ox 202501 na, MT 59620	-2501			School Year 2 le to School (
Elementary District Re	sponsible for Re	imbursing the (Contract		Co	ounty	1	Legal Entity
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract	Co	ounty		Legal Entity
Harlem H S					В	laine		0031
Is this contract share □ yes □ no	ed between el	ementary and	l high schoo	ol?				
Are you applying for (If yes, please attack	h explanation)				Student	Name	School	Grade
rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	tion of residences must be revision comments.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Student	Name	School	Grade
Check here only if incre District Trustees and the		portation Comn	nittee.	proved by the	Student	Name	School	Grade
Elem District Approval HS District Approval		Initi			Student	Name	School	Grade
County Approval	□ yes	□ no □ no			THIS C Grades	ONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester Onl	y Both Semesters
Pamela L. Unru Physical Address (s						dergarten/Kinde		
Physical Address (s	treet address	oniy):				·		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 29 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kinders by this To or for To or for Kinders To or for To or for Deadl PAREN CLERK files. COUNT	garten child rid contract: om Bus Stop om School garten child rid om Bus Stop om School ines: TS: Due to Sch S: Send origina TY SUPERINTEL Tyour files. RI (For dis	times per day, times	days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)
insured driver will to In March and June, transported for the The payment shall This contract shall	vs: ansport or provide transport the studer, the District shall past semester. be computed on the terminate at the en	ransportation for t tts. Mileage contr ay the parent the te basis of the sch d of the school ye	the student(s) to racts are valid of sum officially a redule establish ear or when the	only when transportation pproved in the applicated and in Section 20-10-1 student(s) is no longe	ter referred to a or bus stop on the on for the distance ation upon certificati	days when school is in reported on the contraction by the teacher or proformation accompan	n session. The parent or guard ct actually occurs. or incipal of the school of the nurying this contract.	dian assures that a licensed and mber of days the student(s) was
Elementary School		Chair, Boar						Date
High School District Harlem H S		Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information is t	rue and correct.		
Signature - Parent or	Guardian					<u> </u>	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June 1 Contract #

Heler	na, MT 59620)-2501		Dι	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	•	Legal Entity	
Harlem Elem						Blaine		0030	
High School or K-12 D	istrict Responsit	ole for Reimbu	irsing the Con	tract		County		Legal Entity	
	•		-			-			
la this a section of the sec				-10					
Is this contract share □ yes □ no	ea between ei	ementary ar	na nign scho	OI ?					
Are you applying for	r isolation stati	us? □ Yes	□ No		Chur	lant Nama	Cabaal		<u>Canda</u>
(If yes, please attac	h explanation))			รเนต เ	dent Name	School		Grade
ISOLATION: Section rates for special circum	nstances of isola	ation of resider	nce. In order t	o receive					
increased rates, individe trustees of the district,					Stuc	lent Name	School		Grade
Public Instruction. (10.					Church	lant Nama	Cabaal		<u>Canda</u>
Check here only if incr	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School		Grade
District Trustees and the	ne County Trans		nmittee. itials		Church	lant Nama	Cabaal		<u>Canda</u>
Elem District Approval HS District Approval	•	□ no □ no			Stud	lent Name	School		Grade
County Approval	•	no				S CONTRACT IS FO	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	ly □ Both Semest	ers
Bette Jo Snider					Des	Librata and an Akina da a		,	
Physical Address (s	treet address	only):				kindergarten/Kinder st Semester Only	gaπen □ 2nd Semester On	ly □ Both Semest	ers
						-		,	
						DERGARTEN/PREI dergarten child ride	<u>KINDERGARTEN:</u> es <u>with</u> other school-	age students also o	overed
Distance from home Elementary 18	e to nearest so HS 0	chool (one w	ay)		bv t	his contract:			
•					To d	or from Bus Stop or from School	times per day, times per day,	days per days per	week
Distance from home Elementary 18	to nearest bu HS 0	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, es <u>without</u> other scho	ool-age students:	
Elementary 10	110 0				To d	or from Bus Stop or from School	times per day, times per day,	days per days per	week
□ Contract is for o	ne-way only								
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	<u>Dea</u>	adlines: RENTS: Due to Sch	ool Clerk June 1		
	Pre-K	K	1-8	9-12					
	Total	Total	Total	Total	CLE files		I to County Supt by Ju	ly 1, retain a copy for	your
Regular Trans									
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	al to OPI by July 10,	retain a
·					000	•		A.T.F.	
Room & Board							EIMBURSEMENT R rict, county and OPI		
Correspondence						(i oi dist	rict, county and or	deconly)	
Reg.								and the second second	
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	minea by	
Spec. Ed. Contin.							,		
Agreement betweer	n parent (parer	nt name)			. and	d school district (dist	rict name)		
	. pa. 5 (pa. 5.					·	,		
(county name) The parties agree as follow	vs:			County, hereinal	fter referred	to as the District(s).			
						the days when school is in nce reported on the contra	session. The parent or guar- ct actually occurs.	dian assures that a licensed	and
In March and June transported for the		pay the parent th	e sum officially a	pproved in the application	ation upon certi	fication by the teacher or p	rincipal of the school of the nu	umber of days the student(s) was
The payment shall	be computed on th					the information accompany shool, whichever occurs first			
Elementary School			ard of Truste					Date	
Harlem Elem High School District		Chair. Box	ard of Truste	es				Date	
		, , , ,							
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620)-2501	Due to	School Clerk June 1				
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity		
Harlem Elem			Blaine		0030		
High School or K-12 District Responsil	ole for Reimbursing the Cont	ract	County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and high school	ol?		<u> </u>			
Are you applying for isolation stat	us? □ Yes □ No		Student Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A, provides for increased reir	mbursement	Otadent Name	Oction	Grade		
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to be must be reviewed and appropriation committee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade		
Elem District Approval □ yes	Initials □ no □ no		Student Name	School	Grade		
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Name: (Pleas	e Print)			2nd Semester Only	□ Both Semesters		
Ree Jones Physical Address (street address	only):		Pre-kindergarten/Kindergarter		□ Both Semesters		
Physical Address (street address only): 1st Semester Only 2nd Semester Only Both Semesters							
insured driver will transport the stude 2. In March and June, the District shall ptransported for the past semester. 3. The payment shall be computed on the This contract shall terminate at the erellementary School District Harlem Elem	transportation for the student(s) to the student (s) to the student (s) to the student (s) to the student (s) to the student student (s) the student s	County, hereinafter no and from the school or but only when transportation for pproved in the application used in Section 20-10-142, Natudent(s) is no longer enroles	eferred to as the District (district native step on the days when school is in session the distance reported on the contract actual upon certification by the teacher or principal ICA, and the information accompanying this colled in school, whichever occurs first.	on. The parent or guardian ally occurs. I of the school of the numb	n assures that a licensed and		
High School District	Chair, Board of Truste	es			Date		
	I attes	t that the above infor	mation is true and correct.				
Signature - Parent or Guardian			Date	э			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the (Contract			County		Legal Entity	
Cleveland Elem						Blaine		0032	
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary and	high schoo	ol?					
Are you applying for (If yes, please attack	h explanation)		□ No		Stud	lent Name	School	Grade	
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	tion of residences must be reversely common time.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	lent Name	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolation	has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	ials		Stud	lent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly □ Both Semesters	
Bobbie Mitchell	ttd	1				kindergarten/Kinder			
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester On	lly ☐ Both Semesters	
Distance from home Elementary 12 Distance from home Elementary 0 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	HS 0 to nearest but HS 0 ne-way only	s stop, if any	(one way)	is contract. 9-12 Total	Kine by t To c To c Kine To c To c PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho REKS: Send original or for your files. RECTS: RESERVATE NOT SUPERINTEN OF FOR YOUR FILES.	times per day, times per day, times per day, times per day, es without other schotimes per day, times per day, times per day, times per day, tool Clerk June 1. Ito County Supt by June 1.	days per week da	
Spec. Ed. Contin.							20-10-142, MCA.		
insured driver will to In March and June, transported for the The payment shall This contract shall	vs: Insport or provide to ransport the studer the District shall past semester. be computed on the terminate at the en	ransportation for this. Mileage contribution in the parent the set the basis of the school year.	the student(s) to racts are valid of sum officially a nedule establish ear or when the	o and from the school only when transportatic pproved in the applica ned in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and umber of days the student(s) was	
Elementary School Cleveland Elem	District	Chair, Boar	a of Truste	es				Date	
High School District		Chair, Boar	rd of Truste	es				Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501				2005- 2006 Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity	_
Cleveland Elem						Blaine		0032	
High School or K-12 D		ole for Reimbur	sing the Cont	ract		County		Legal Entity	_
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation))	□ No	nhursement	Stude	nt Name	School	Grade	
rates for special circun increased rates, individual trustees of the district,	nstances of isola lual circumstand the county trans	ation of residend ces must be revision community	ce. In order to riewed and ap mittee, and the	o receive oproved by the	Stude	nt Name	School	Grade	
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stude	nt Name	School	Grade	
Elem District Approval	□ yes	Init □ no	ials		Stude	nt Name	School	Grade	
HS District Approval County Approval	,	□ no □ no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian		e Print)				es 1-12 Semester Only	□ 2nd Semester On	y Both Semesters	
Lori Moore					Pro ki	ndergarten/Kinder	garton		
Physical Address (s	treet address	only):						y Both Semesters	
Distance from home Elementary 26.5 Distance from home Elementary 26.5 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	us stop, if any	(one way)	s contract. 9-12 Total	KIND Kinde by thi To or To or To or Dead PARE files.	ERGARTEN/PREI Fragarten child ride s contract: from Bus Stop from School crigarten child ride from Bus Stop from School clines: ENTS: Due to Sch CKS: Send origina CHY SUPERINTEN For your files.	times per day, times	days per week days per week days per week ool-age students: days per week	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide a ransport the stude, the District shall p past semester. be computed on the terminate at the er District	transportation for nts. Mileage cont pay the parent the ne basis of the school yet Chair, Boa	the student(s) to racts are valid of sum officially a	o and from the school only when transportati pproved in the applicated in Section 20-10-1 student(s) is no longer	fter referred to l or bus stop on the ion for the distance ation upon certifice 142, MCA, and the	e reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and umber of days the student(s) was Date Date	
3 2 2 2 2 3 3 100									
			I attes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501			ue to School			
Elementary District Re	sponsible for Re	eimbursing the	Contract		С	County	<u> </u>	Legal Entity
Cleveland Elem						Blaine		0032
High School or K-12 D		ole for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	lementary an	d high scho	ol?				
Are you applying for (If yes, please attaction: Section	h explanation))	□ No	mbursement	Studen	nt Name	School	Grade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	to receive pproved by the	Studen	nt Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Studen	it Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Studen	nt Name	School	Grade
HS District Approval County Approval	•	□ no □ no				CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades	s 1-12 Semester Only	□ 2nd Semester On	lly □ Both Semesters
Tami Mitchell						ndergarten/Kinder		,
Physical Address (s	treet address	only):						ly Both Semesters
					KINDE	RGARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 0	e to nearest so HS 0	chool (one wa	ay)		by this	contract:		age students also covered days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	y (one way)		Kinder To or fi	rgarten child ride rom Bus Stop	es <u>without</u> other scho times per day,	ool-age students: days per week
□ Contract is for o	ne-way only				10 01 11	TOTTI SCHOOL	unles per day,	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.		lines:	nool Clerk June 1.	
	Pre-K	_ K	_1-8	9-12				
	Total	Total	Total	Total	CLERI files.	KS: Send origina	il to County Supt by Ju	ıly 1, retain a copy for your
Regular Trans					COUN	TY SUPERINTEN	NDENTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans					copy fo	or your files.		
Room & Board							EIMBURSEMENT R trict, county and OP	
Correspondence						(1 0. 0.0	,	. 455 5, 7
Reg. Contingency						Reimb	oursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
	L							
Agreement betweer	n parent (pare	nt name)			, and so	chool district (dist	trict name)	,
(county name)				County, hereinat	fter referred to	as the District(s)		
The parties agree as follows 1. The parent shall tra		transportation for	the student(s) t	o and from the school	I or bus stop on the	days when school is in	n session. The parent or guar	rdian assures that a licensed and
In March and June	, the District shall p					reported on the contra tion by the teacher or p		umber of days the student(s) was
	be computed on the					information accompan		
4. This contract shall Elementary School			ear or when the ard of Truste		er enrolled in schoo	ol, whichever occurs fire	st.	Date
Cleveland Elem High School District		Chair Boa	ard of Truste	es				Date
	· 	Chair, Doc						54.0
			I attes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	<u> </u>	Legal Entity	
Cleveland Elem						Blaine		0032	
High School or K-12 D		ole for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be review to the comments of the comme	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □	Initia □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian	Name: (Please	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters	
Vicki Hofeldt						kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	2nd Semester On	ly Both Semesters	
Distance from home Elementary 10 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original y for your files. RENTS: RENTENTEN Y for dist	times per day,	days per week da	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nasport or provide t ransport the studer , the District shall p past semester. be computed on th terminate at the en District	ransportation for the state. Mileage contral the parent the sale basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truster	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	rdian assures that a licensed and umber of days the student(s) was Date Date	
		<u> </u>	Lattest	that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to School	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
Zurich Elem						Blaine		0034
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u> </u>			
Are you applying for			□ No		Stud	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	01.00		30.100.	o.uuo
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	ition of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	receive proved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval		In □ no □ no	itials		Stud	ent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
James L. Rasmussen Physical Address (street address only):					kindergarten/Kinder st Semester Only		y Both Semesters	
Distance from home Elementary 11 Distance from home Elementary 6 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way) De covered by this 1-8 Total	9-12 Total	Kind by the To co To co Kind To co To co PAR CLE files. COU copy	nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from School adlines: EENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files. RE RE RE RE RE RE RE RE RE R	times per day,times per day,times per day,times per day,ses without other schooles without other schooles without other schooles without other schooles with times per day,times per day,	days per week da
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation for the substitution for the parent the parent the basis of the substitution of the school of the sc	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf and from the school nly when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the distantation upon certif	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			l attest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		1 alicol	that the above	omation	io and direct.	Date	
-								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reinbursing the Contract County	Helena, M	02501 1T 59620-2501		Du	e to School C	Clerk June 1			
Is this contract shared between elementary and high school? Jess no Are you applying for Isolation status? Yes No (If yes, please attach explanation) Student Name School Grade	Elementary District Respons	sible for Reimbursi	ng the Contract		Co	ounty	<u> </u>	Legal Entity	
Is this contract shared between elementary and high school? Jess no Are you applying for Isolation status? Yes No (If yes, please attach explanation) Student Name School Grade	Lloyd Flem				BI	laine		0036	
yes	High School or K-12 District	Responsible for R	teimbursing the Cont	ract					
yes									
Student Name School Grade Public Instruction, (10,7-116 ARM) provides guidelines for such) Parent or Guardian Name: (Please Print) Connie L. Copenhaver Physical Address (street address only): Distance from home to nearest school (one way) Elementary 16 H3 0 Distance from home to nearest school (one way) Elementary 16 H3 0 Distance from home to nearest school (one way) Elementary 16 H3 0 Distance from home to nearest school (one way) Elementary 16 H3 0 Contract is for one-way only Sudents in Earth Grade Lewer- Only include the sluddints had becomed by the contract. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Contin. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Room & Board Correspondence Reg. County special s		etween elementa	ary and high school	ol?	<u> </u>				
Student Name			Yes □ No		Student	Name	School	Grade	
Interest of paper of the control of production of production of production of the control of the	(If yes, please attach exp ISOLATION: Section 20-10	olanation))-142, MCA, provid	les for increased reir	mbursement	0.000		001.001	3.443	
Student Name School Grade	rates for special circumstand increased rates, individual c trustees of the district, the c	ces of isolation of r ircumstances mus ounty transportatio	residence. In order to t be reviewed and ap on committee, and the	o receive oproved by the	Student	Name	School	Grade	
Student Name School Grade HS District Approval yes no	Check here only if increased	d payment due to is	solation has been ap	proved by the	Student	Name	School	Grade	
Present or Guardian Name: (Please Print)								Grade	
Connie L. Copenhaver Physical Address (street address only): Pre-kindergarten/Kindergarten Both Semester Only Both Semester		yes 🗆 no					<u>)R:</u>		
Physical Address (street address only): Stance from home to nearest school (one way) Stance from home to nearest school (one way) Elementary 16	Parent or Guardian Nam	ie: (Please Print))		☐ 1st S	emester Only	□ 2nd Semester Onl	y Both Semesters	
Distance from home to nearest school (one way) Elementary 16								y Both Semesters	
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Lloyd Elem I attest that the above information is true and correct. I attest that the above information is true and correct.	Distance from home to n Elementary 0 HS Contract is for one-w Students in Each Grade Level - G Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	HS 0 nearest bus stop, S 0 ray only Only include the stude	ents to be covered by thi	9-12 Total	Kinderg by this To or fro Deadli PAREN CLERK files. COUNT copy for	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School ines: TS: Due to Scho S: Send original Y SUPERINTEN your files. Reimbo	times per day, times	days per week days per week ol-age students: days per week y 1, retain a copy for your all to OPI by July 10, retain a	
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transpor insured driver will transpor consumed to the past stansported for the particular stansported for the parent shall be past stansported for the past	t or provide transports of the students. Milea pistrict shall pay the pa semester. mputed on the basis of late at the end of the	ation for the student(s) to age contracts are valid of arent the sum officially a of the schedule establish school year or when the	County, hereinaft o and from the school only when transportatic pproved in the applica ned in Section 20-10-1. student(s) is no longe	ter referred to a or bus stop on the confor the distance retion upon certification	as the District(s). lays when school is in eported on the contrar on by the teacher or proformation accompany	session. The parent or guard actually occurs. incipal of the school of the nui	lian assures that a licensed and mber of days the student(s) was	
		Chai	r, Board of Truste	es				Date	
			I attes	t that the above i	nformation is tr	rue and correct.			_
ı	Signature - Parent or Guar	rdian					Date		_

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Signature - Parent or Gu	ardian					Date	
			I attes	t that the above	nformation is true and corr	ect.	
High School District		Chair, Boa	ard of Truste	es			Date
Lloyd Elem		,					
(county name) The parties agree as follows: 1. The parent shall transp insured driver will trans 2. In March and June, the transported for the pas: 3. The payment shall bec	ort or provide t port the studer District shall p is semester. computed on the inate at the en	rransportation for this. Mileage cor yay the parent the ne basis of the so d of the school y	r the student(s) t htracts are valid of e sum officially a chedule establish	County, hereinaf o and from the school only when transportati approved in the applica- ned in Section 20-10-1 student(s) is no longer	ter referred to as the Districtor bus stop on the days when schoon for the distance reported on	ol is in session. The parent or guard contract actually occurs. er or principal of the school of the nu mpanying this contract.	dian assures that a licensed and
Contingency Spec. Ed. Contin.						20-10-142, MCA.	,
Reg.					Re	eimbursement rate is detern	mined by
Correspondence					(For	district, county and OPI	use only)
Room & Board						REIMBURSEMENT RA	
Spec. Ed. Trans					county supering copy for your files.	ITENDENTS: Send origina	al to OPI by July 10, retain a
Regular Trans					files.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send ori	School Clerk June 1. ginal to County Supt by Jul	y 1, retain a copy for your
☐ Contract is for one- Students in Each Grade Level	, ,	the students to b	oe covered by th	is contract.	Deadlines:		
, , , ,	1S 0	ıs stop, if an	y (one way)		Kindergarten child To or from Bus Stop To or from School	times per day, I rides without other schoo times per day, times per day, times per day,	days per week ool-age students: days per week days per week
Distance from home to Elementary 6.4	nearest sc HS 0	hool (one wa	ay)		Kindergarten child by this contract: To or from Bus Stop	times per day, _	age students also covered days per week
Physical Address (stree	et address	only):			☐ 1st Semester On	lly	y Both Semesters
Lora Lee Anderson					Pre-kindergarten/Ki	•	-
Parent or Guardian Na					Grades 1-12 □ 1st Semester On	<u></u>	y Both Semesters
HS District Approval	yes	no			THIS CONTRACT I	S FOR:	
District Trustees and the C Elem District Approval	·		imittee. itials		Student Name	School	Grade
Check here only if increas	ed payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
increased rates, individual trustees of the district, the Public Instruction. (10.7.1	circumstanc county trans	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
(If yes, please attach e. ISOLATION: Section 20-rates for special circumsta	10-142, MCA	A, provides for			Student Name	SCHOOL	Grade
□ yes□ noAre you applying for iso	olation statu	us? □ Yes	□ No		Student Name	School	Grade
Is this contract shared	between el	ementary ar	nd high scho	ol?			
High School or K-12 Distri	ct Responsib	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Lloyd Elem					Blaine		0036
Elementary District Respo	nsible for Re	eimbursing the	Contract		County	1	Legal Entity
Helena,	202501 MT 59620	-2501		Du	e to School Clerk June	1	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Bear Paw Elem						Blaine		0048		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stud	lent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	Student Name School Grade Student Name School Grade				
Public Instruction. (10.	·	J	,		Stud					
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Stuc	lent Name	School		Grade	
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters	
Gordon Young					Pre-	kindergarten/Kinder	rarten	•		
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Se	mesters	
						DERGARTEN/PRE				
Distance from home Elementary 8	e to nearest so	hool (one wa	ay)		bv t	his contract:	times per day	_		
Distance from home Elementary 0	e to nearest bu HS 0	s stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ es <u>without</u> other scho	ol-age student	ts:	
·					To o	r from Bus Stop r from School	times per day, _ times per day, _	days days	s per week s per week	
☐ Contract is for o	• •	the students to b	ne covered by thi	is contract	Dea	adlines:				
Olddonio in Edon Olddo Ed						RENTS: Due to Scho	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your	
Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10 retain a	
Spec. Ed. Trans						for your files.	g		,	
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						-				
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement betweer	n parent (parer	nt name)			, and	I school district (distr	rict name)		,	
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).				
 The parent shall tra 	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	censed and	
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certif	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was	
The payment shall This contract shall	be computed on the terminate at the en	d of the school y	ear or when the	student(s) is no long	-142, MCA, and t ger enrolled in so	the information accompany hool, whichever occurs firs	ing this contract. t.			
Elementary School Bear Paw Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information	is true and correct.		l		
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 596			Oue to School Clerk June 1		
Elementary District Responsible for	Reimbursing the Co	ntract	County		Legal Entity
Bear Paw Elem			Blaine		0048
High School or K-12 District Respon	nsible for Reimbursir	ng the Contract	County		Legal Entity
Is this contract shared between ☐ yes ☐ no	elementary and h	nigh school?			
Are you applying for isolation s		□ No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, N	on) ICA, provides for inc	reased reimbursement	1		
rates for special circumstances of is increased rates, individual circumst trustees of the district, the county tr Public Instruction. (10.7.116 ARM p.	solation of residence ances must be revie ansportation commit	In order to receive wed and approved by the tee, and the Office of	Student Name	School	Grade
Check here only if increased paymer District Trustees and the County Tr	ent due to isolation h	as been approved by the	Student Name	School	Grade
Elem District Approval ☐ yes HS District Approval ☐ yes	Initial □ no □ no	s 	Student Name	School	Grade
County Approval	no		THIS CONTRACT IS F	OR:	
Parent or Guardian Name: (Ple	ease Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Or	nly Both Semesters
Lori & Scott Meeks			Pre-kindergarten/Kinde	ergarten	
Physical Address (street addre	ss only):		☐ 1st Semester Only	☐ 2nd Semester Or	nly Both Semesters
			KINDERGARTEN/PRE	KINDERGARTEN:	
Distance from home to nearest Elementary 6.4 HS 0			by this contract:		-age students also covered days per week
Distance from home to nearest Elementary 0 HS 0	bus stop, if any (o	one way)	To or from School Kindergarten child ric	times per day, des <u>without</u> other sch	ool-age students:
□ Contract is for one-way only	v.		To or from School	times per day,	days per week
Students in Each Grade Level - Only incli		overed by this contract.	Deadlines:		
Pre-K	К	1-8 9-12	PARENTS: Due to Sc	hool Clerk June 1.	
Total	Total	Total Total	CLERKS: Send origin files.	al to County Supt by Ju	uly 1, retain a copy for your
Regular Trans			COUNTY SUPERINTE	NDENTS: Send origin	nal to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board			''	REIMBURSEMENT F	v · · =
Correspondence			(For dis	strict, county and OP	I use only)
Reg.				h	marin a d by
Contingency			Reim	bursement rate is deter 20-10-142, MCA.	rmined by
Spec. Ed. Contin.					
Agreement between parent (pa	rent name)		, and school district (dis	strict name)	,
(county name)		County, herein	after referred to as the District(s	s).	
			ool or bus stop on the days when school is		rdian assures that a licensed and
In March and June, the District sh	all pay the parent the su		ation for the distance reported on the contr lication upon certification by the teacher or		number of days the student(s) was
	on the basis of the sched		0-142, MCA, and the information accompa		
Elementary School District	Chair, Board		nger enrolled in school, whichever occurs fi	rst.	Date
Bear Paw Elem High School District	Chair, Board	of Trustees			Date
g.ii Golidoi Biotilot	Chair, Doald				54.0
		I attest that the above	e information is true and correct		
Signature - Parent or Guardian				Date	